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**UNFPA – Country programmes and related matters**

# United Nations Population Fund

## Country programme document for Côte d'Ivoire

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|---|---|
| Proposed indicative UNFPA assistance: | $43.3 million: $17.2 million from regular resources and $26.1 million through co-financing modalities and/or other resources, including regular resources |
| Programme period: | Four years (2017-2020) |
| Cycle of assistance: | Seventh |
| Category per decision 2013/31: | Red |

Proposed indicative assistance (in millions of $):

| Strategic plan outcome areas | | Regular resources | Other resources | Total |
|---|---|---|---|---|
| Outcome 1 | Sexual and reproductive health | 8.7 | 19.9 | 28.6 |
| Outcome 2 | Adolescents and youth | 3.2 | 3.0 | 6.2 |
| Outcome 3 | Gender equality and women's empowerment | 4.3 | 3.2 | 7.5 |
| Programme coordination and assistance | | 1.0 | 0.0 | 1.0 |
| **Total** | | 17.2 | 26.1 | 43.3 |

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# I. Situation analysis

1. After a decade of political and military crisis, Côte d'Ivoire is gradually reviving its development. In 2014, its population was estimated at 23 million people (60.4 per cent are under 24 years old), with an annual growth rate of 2.6 per cent. If this trend continues, it will compromise the country's chance to benefit from the demographic dividend, unless appropriate investments are put in place. The population is divided between urban and rural areas (49.7 per cent versus 50.3 per cent), the result of an increase in the urban population in the past two decades. According to the 2015 living standard survey, 46.3 per cent of the population lives below poverty line (56.8 per cent in rural areas), a situation that largely affects the central and northern regions.

2. Despite progress made over the past five years, women, adolescent and young people's reproductive health remains a concern. In fact, maternal mortality increased from 543 per 100,000 live births in 1999-2005 to 614 in 2005-2012, owing to the military-political crisis. As a result of the destruction of health facilities during the crisis (42 per cent destroyed), only 11 per cent of maternity facilities offer quality emergency obstetric and newborn care.

3. This high level of maternal mortality also results from low contraceptive prevalence (14 per cent), particularly in the central and north-eastern regions (under 10 per cent). Almost 27 per cent of women have unmet needs in family planning (nearly 30 per cent in the central and north-eastern regions) because of limited access to modern contraceptive methods, lack of social support and the persistence of beliefs and rumours regarding the use of contraception. The 2012 demographic and health survey indicates a high fertility rate in rural areas (6.3 children per woman). Thirty per cent of adolescent females aged 15-19 years have had children, contributing 13 per cent to overall fertility.

4. With 3.7 per cent of HIV/AIDS prevalence in 2012, Côte d'Ivoire is one of the most affected countries in West Africa. Adolescents and young people and especially girls represent 67 per cent of new infections. The main causes of this high HIV incidence are: (a) inadequate access to quality information, including comprehensive sexual education; and (b) early sexual intercourse with low use of condoms.

5. Despite efforts to improve the socioeconomic status of women, sexual violence, early marriage and female genital mutilation remain significant challenges. In fact, 38 per cent of childbearing-aged women were mutilated, with a relatively high prevalence in certain regions in the country (80 per cent in the northwest). Sociocultural factors, weakness of traditional and modern protection mechanisms, and impunity highly contribute to the persistence of such practices.

6. Despite completion of the 2012 demographic and health survey and the fourth population census, the quality of data collection on vital statistics and availability of high-quality population data and their use in the formulation of development policies and programmes that integrate demographic dividend issues remain a challenge.

7. The country still faces residual humanitarian situations resulting from recurrent attacks by armed groups in the west, combined with the Ebola epidemic in neighbouring countries.

# II. Past cooperation and lessons learned

8. The previous programme showed significant results in improving access to reproductive health, including family planning services, through the implementation of quick impact innovative strategies (reorganization of health services, fairground consultations, community-based distribution of contraceptives, schools for husbands, social franchises, zero pregnancy at school).

9. In maternal health, the programme: (a) strengthened the capacity of 2,200 midwives in emergency and obstetric and newborn care, with 95 per cent following the

standards; (b) enhanced the technical capacity of 474 health centres in the central, western and southern regions of the country; and (c) repaired 2,180 fistulas.

10. Concerning family planning, the programme: (a) increased service coverage, from 60 per cent in 2010 to 81 per cent in 2014; (b) raised contraceptive prevalence by 25 per cent in the programme intervention area and contributed to saving over 3,500 maternal lives. However, the provision of family planning services is limited because of (a) the low supply-chain management capability for contraceptive products; and (b) the persistence of false beliefs about modern contraceptive methods.

11. Regarding adolescents and youth, the programme: (a) established integrated reproductive health services in 97 per cent of school health centres at the national level; (b) increased the number of young people (from 266 in 2012 to 81,272 in 2014) who received contraceptive methods from school health centres; and (c) allowed 62 per cent of students from all schools in the country to receive comprehensive sexuality education in 2015.

12. In the area of gender equality, the programme: (a) established 43 platforms to address gender-based violence; (b) supported the adoption of a national strategy against gender-based violence and national family policy; and (c) established the national observatory for gender equality.

13. In humanitarian settings, the programme: (a) trained 713 national staff; (b) made reproductive health services available during the post-electoral crisis; and (b) provided support to the Government in the preparation and prevention of the Ebola epidemic.

14. Regarding population dynamics, the programme contributed to the adoption of the revised national population policy and the 2016-2020 national development plan, which focused on demographic dividend related issues. The capacities of national actors have been strengthened in how to maximize the benefits of the demographic dividend.

15. The country programme evaluation highlighted several significant lessons learned: (a) implementation of combined high-impact strategies on maternal mortality reduction is more effective, and leads to better results; (b) change in behavioural and social norms is essential to promote demand for reproductive health; (c) an integrated sexual education approach induces behavioural change among young people; (d) establishment of platforms against gender-based violence can help to promote holistic care; and (e) advocacy and capacity building in the demographic dividend strengthened the integration of population issues in the national development plan.

# III. Proposed programme

16. The new programme will contribute to the 2030 Agenda for Sustainable Development, particularly Goals 3, 4 and 5 related to health, education and gender equality. Based on recommendations and lessons learned from the past cycle, the programme is aligned with: (a) the National Development Plan 2016-2020 and (b) United Nations One Programme Framework, 2017-2020.

17. The programme aims to support universal access to rights-based, gender-sensitive sexual and reproductive health services, and comprehensive sexuality education. The programme has three outcomes, and will be implemented through advocacy and policy dialogue, capacity development, service delivery and knowledge management. The direct beneficiaries will be women, youth, and adolescents, and vulnerable and marginalized populations, especially from the northern, western and central regions.

## A. Outcome 1: Sexual and reproductive health

18. Output 1: Strengthened national capacity to increase the provision of integrated quality sexual reproductive health services, including in humanitarian settings. The programme will support: (a) capacity building for health service providers; (b) midwifery schools in basic and on-the-job training; (c) completing and extending

emergency obstetric and newborn care services; (d) scaling up the combined innovative strategies to reduce maternal mortality; (e) obstetric fistula prevention, treatment and social reintegration; (f) strengthening national capacity to address humanitarian crises and epidemics; and (g) capacity building to integrate demographic dividend related issues into the national health development plan and to ensure availability of high-quality data.

19. Output 2: Strengthened national capacity to improve quality family planning services at health facilities and community levels. The programme will support: (a) the improvement of the contraceptive products supply chain; (b) strengthening the supply of family planning services in health facilities and fairground consultations; and (c) the extension of community-based distribution strategy for contraceptives.

20. Output 3: Strengthened community's capacity and social support to increase demand for maternal health services, including family planning. The programme will support the development of community-based approaches, social franchises, schools for husbands, and community dialogue, including through faith-based organizations.

### B. Outcome 2: Adolescents and youth

21. Output 1: Strengthened national capacity to design and implement school and community sexuality education programmes for adolescents and youth, including in humanitarian settings. The programme will support: (a) the strengthening of a comprehensive sexuality education in schools and out of schools; (b) the promotion of safer behaviour to prevent HIV/AIDS and sexually transmitted diseases; (c) the improvement in the availability of user-friendly integrated reproductive and sexual health services; and (d) capacity building in integrating demographic dividend related issues into the national youth policy and in ensuring availability of quality data.

### C. Outcome 3: Gender equality and women's empowerment

22. Output 1: Increased capacity of national institutions and civil society organizations to fight gender-based violence, promote gender equality, empower women and girls, including in humanitarian settings. The programme will support: (a) advocacy for the adoption of the family code; (b) strengthening multi-sectorial response mechanisms against gender-based violence, including female genital mutilation; (c) social mobilization, including through faith-based organization for gender equality, empowerment of women and girls; and (d) capacity building in integrating demographic dividend related issues into the national policy on gender and in ensuring availability of quality data.

## IV. Programme management, monitoring and evaluation

23. The national execution modality will be applied, within the harmonized cash transfer approach. Civil society organizations and ministries of health, planning, youth, women and children will be the key implementing partners. The Ministry of Planning will oversee coordination of the programme. Joint programming will be carried out under the United Nations one programme framework.

24. The programme will implement a performance monitoring and evaluation mechanism that will include field visits, quarterly reviews and a final evaluation. In the event of an emergency, UNFPA, in consultation with the Government, will reorient programme priorities in response to the emerging needs.

25. Resources will be allocated for skills development of staff to strengthen management and development effectiveness. Technical expertise and associated support will be provided to implement the programme.

26. A partnership and resource mobilization plan will be implemented to reinforce partnerships with the World Bank, the African Development Bank, the Government of the Republic of Korea, the Orange Foundation and the Sifca Foundation, among others. Quality technical assistance will be sought through headquarters, regional offices,

independent experts, cooperation with other country offices and through South-South cooperation.

## RESULTS AND RESOURCES FRAMEWORK FOR COTE D'IVOIRE (2017-2020)

| UNFPA strategic plan outcome | Country programme outputs | Output indicators, baselines and targets | Partners | Indicative resources |
|---|---|---|---|---|
| **National priority:** Acceleration of human capital development and social well-being<br>**UNDAF outcome:** By 2020, the most vulnerable groups benefit equally from access to basic social services and high-quality social protection<br>**Indicator**: Contraceptive prevalence rate: *Baseline*: 14%; *Target*: 36%; Proportion of births attended by skilled health personnel: *Baseline: 59%; Target: 86%* | | | | |
| **Outcome 1: Sexual and reproductive health**<br>Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access<br>Outcome indicator(s):<br>• Percentage of service delivery centres with seven life-saving medications on the list of the World Health Organization WHO priorities *Baseline: 68%; Target: 80%*<br>• Contraceptive prevalence rate *Baseline: 14%; Target: 36%* | Output 1: Strengthened national capacity to increase the provision of integrated quality sexual reproductive health services, including in humanitarian settings | • Number of health facilities strengthened to provide basic emergency obstetric and new-born care *Baseline: 129; Target: 379*<br>• Number of health facilities strengthened to provide comprehensive emergency obstetric and newborn care *Baseline: 35; Target: 80*<br>• Number of health facilities strengthened to provide quality integrated reproductive health services *Baseline: 324; Target: 574*<br>• Number of fistula repair surgeries *Baseline: 2180; Target: 3500* | Ministry of Health, non-governmental organizations, United Nations | $14.3 million ($4.3 million from regular resources and $10 million from other resources) |
| | Output 2: Strengthened national capacity to improve quality family planning services at health facilities and community levels | • Number of pharmacy managers trained to use the new version of CHANNEL *Baseline: 0; Target: 400*<br>• Number of health facilities strengthened to provide at least three modern contraception methods *Baseline: 324; Target: 724*<br>• Number of community-based contraceptive distribution agents trained and equipped for service delivery *Baseline: 828; Target: 2308* | | $8.7 million ($2.7 million from regular resources and $6 million from other resources) |
| | Output 3: Strengthened community's capacity and social support to increase demand for maternal health services, including family planning | • Number of schools for husbands created and functioning *Baseline: 94; Target: 294*<br>• Number of targeted villages that have developed community-based strategies to facilitate women's access to maternal health and family planning services *Baseline: 0; Target: 60* | | $5.6 million ($1.7 million from regular resources and $3.9 million from other resources) |
| **National priority:** Acceleration of human capital development and social well-being<br>**UNDAF outcome:** By 2020, the most vulnerable populations receive equal access to basic social services and a quality social protection<br>**Indicator**: Contraceptive prevalence rate: *Baseline: 14%; Target: 36%*; Proportion of births attended by skilled health personnel: *Baseline: 59%; Target: 86%* | | | | |
| **Outcome 2: Adolescents and youth**<br>Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health<br>Outcome indicator(s): | Output 1: Strengthened national capacity to design and implement school and community sexuality education programme for adolescents and youth, including in humanitarian settings | • Number of students reached with comprehensive sexual education programmes based on the life lessons approach in sexual and reproductive health *Baseline: 3,890,000; Target: 8,000,000*<br>• Number of adolescents and youth (aged 10-24 years) who received sexual reproductive health services in school health and youth-friendly centres *Baseline: 344,000; Target: 800,000*<br>• Number of youth organization leaders whose capacity is | Ministries of: Youth Employment; Health; Education; youth organizations; civil society organizations; faith-based organizations; | $6.2 million ($3.2 million from regular resources and $3 million from other resources) |

| | | | | |
|---|---|---|---|---|
| • Percentage of young women and men aged 15-24 years who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)<br>*Baseline: 15.7%; Target: 25.7%* | | strengthened to participate to political dialogue and national planning process, taking into account challenges of demographic dividend<br>*Baseline: 10; Target: 110* | United Nations | |
| **National priority:** Acceleration of human capital development and social well-being<br>**UNDAF outcome:** By 2020, the most vulnerable populations receive equal access to basic social services and a quality social security<br>**Indicator:** Proportion of rape victims supported medically within 72 hours: *Baseline: 60%; Target: 80%* | | | | |
| **Outcome 3: Gender equality and women's empowerment**<br>Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth<br>Outcome indicator(s):<br>• Country has a gender equality national action plan that integrates reproductive rights with specific targets and national public budget allocations<br>*Baseline: No; Target: Yes* | Output 1: Increased capacity of national institutions and civil society organizations to fight gender-based violence, promote gender equality, empower women and girls, including in humanitarian settings | • Number of multisectoral platforms against gender-based violence that are reinforced and operational<br>*Baseline: 20; Target: 50*<br>• Number of trained community leaders who state commitment to give up female genital mutilation practices and child marriage<br>*Baseline: 225; Target: 625;*<br>• Document of family code finalized<br>*Baseline: No; Target: Yes* | Ministries of: Family; Social Affairs; Health; Education; faith-based organizations, United Nations | $7.5 million ($4.3 million from regular resources and $3.2 million from other resources)<br><br>Total for programme coordination and assistance: $1 million from regular resources |